



APPLICATION FOR CORPORATE PLUMBING CONTRACTOR LICENSE

State Form 11812 (R7 / 11-02)

Approved by State Board of Accounts, 2002

Indiana Professional Licensing Agency
302 West Washington Street, Room E034
Indianapolis, Indiana 46204-2700
(317) 232-2980
www.in.gov/pla

INSTRUCTIONS: PLEASE PRINT OR TYPE.

LICENSE FEE: \$175.00 - If paying in the even numbered year. Fee includes \$75.00 Recovery Fund fee.

\$125.00 - If paying in the odd numbered year. Fee included \$75.00 Recovery Fund fee.

* Federal ID number is requested by this agency in accordance with IC 4-1-8-1, and is mandatory that it be given. Federal ID numbers are available to the Indiana Department of Revenue.

Name of corporation	Federal ID number *	Telephone number ()
Address (number and street, city, state, ZIP code)		
County	State of incorporation	
If not Indiana, supply the date when admitted to do business as foreign corporation in Indiana.	Date of incorporation or admission	
Name of designated licensed plumbing contractor (corporate officer or employee)		
Title of designated licensed contractor, if corporate officer		
Address (number and street, city, state, ZIP code)		
County	Indiana plumbing contractor license number	Telephone number ()

CORPORATE OFFICERS

NAMES	ADDRESSES (number and street, city, state, ZIP code)

CERTIFICATION STATEMENT

We hereby certify the above information is true and correct, and that the designated plumbing contractor and officers of the plumbing corporation making this application have not been convicted of an act which would constitute a ground for disciplinary sanction under Indiana Code 25-28.5-1-27.1 nor of a felony that has a direct bearing on the corporation's ability to practice plumbing competently.

We further certify, that _____ (designated plumbing contractor) has authority from the said corporation to transact business pursuant to the license applied for herein, and agrees to be responsible for the corporation's use of said license, in accordance with Indiana Code 25-28.5-1, which shall terminate only upon written notice to the Indiana Plumbing Commission, upon resignation or removal from official status in the corporation as above described.

Signature of designated plumbing contractor	Printed name of designated plumbing contractor	Date signed (month, day, year)
Signature of corporate officer	Printed name and title of corporate officer	Date signed (month, day, year)

NOTARY CERTIFICATE (SWORN OATH - DESIGNATED PLUMBING CONTRACTOR)

STATE OF _____
COUNTY OF _____ } SS:

I, _____, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of designated plumbing contractor	Signature of Notary Public	
Printed or typed name of designated plumbing contractor	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

(See back of application)

NOTARY CERTIFICATE (SWORN OATH - CORPORATE OFFICER)		
STATE OF _____		
COUNTY OF _____ } SS:		
I, _____, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.		
Signature of corporate officer		Signature of Notary Public
Printed or typed name and title of corporate officer		Printed or typed name of Notary Public
Date subscribed and sworn to Notary Public	County of residence	Date commission expires